

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 9/173531	FILING DATE				
							APPLICANT(S)					
CLAIMS												
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT							
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
1	1		1		1							
2	1			1		1						
3	1											
4		1		1								
5		1		1								
6		1		1								
7		1		1								
8		1		1								
9		1		1								
10		3		3								
11		3		3		2						
12		3		3		2						
13	1											
14		3		1		2						
15		1		2		2						
16		3		1		2						
17		1		2		2						
18	1											
19	1		1									
20	1		1									
21				1		1						
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23				1		1						
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50												
TOTAL IND.	7		3		1							
TOTAL DEP.	30		43		20							
TOTAL CLAIMS	37		46		21							

	IND.	DEP.	IND.	DEP.	IND.	DEP.						
51												
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TOTAL IND.												
TOTAL DEP.												
TOTAL CLAIMS												

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

BEST AVAILABLE COPY